

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Jimmie Lewis		COURT CASE NUMBER	CA NO. 05-013 GMS
DEFENDANT	DIANE FERNANDEZ		TYPE OF PROCESS	O/c
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DIANE FERNANDEZ IS A NURSE AT THE HRYC ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1301 E. 12TH ST, WILM DE 19809			
AT				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<input checked="" type="checkbox"/> Jimmie Lewis, SDI # 5046622 DEL COVR CENTER 1181 PADDICK RD SMYRNA, DE 19977		Number of process to be served with this Form - 285 4 Number of parties to be served in this case 44 Check for service on U.S.A.		

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

COMPLAINTS ARE DATED: 7/18/06, 3/29/05,
 (FORMA PAUPERIS) 1/6/05, 10/3/05

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
Jimmie Lewis	<input type="checkbox"/> DEFENDANT	N/A	7/17/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
				BR	10-4-06

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See *Remarks below*)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service	Time	am pm
	10/5/06		
	Signature of U.S. Marshal or Deputy BF		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NO LONGER @ HRYC
 RETURN UNEXECUTED

2006 OCT - 6 AM 8:51
 DISTRICT OF DELAWARE
 CLERK U.S. DISTRICT COURT
 FILED